

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Robert Yates			
Street Address	1320 Chelsea Ave			
City	Erie	State	PA	Zip Code 16506

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/07/17	Year	2017	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	6/6/17	10/23/17	
A. Amount Brought Forward From Last Report	\$	683.34	<div style="text-align: center;"> <p>2017 OCT 27 PM 3:26</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p> <p>16</p> </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	5405.00	
C. Total Funds Available (Sum of Lines A and B)	\$	6088.34	
D. Total Expenditures (From Schedule III)	\$	4485.93	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1602.41	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	51.31	
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

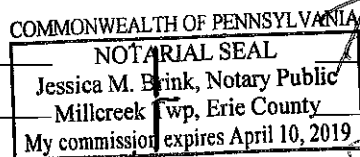
Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

27th day of Oct 20 17



Signature of Treasurer: *Jessica M. Brink*

My Commission expires 4-10-2019 MO. DAY YR.

Signature of Person Submitting report: *Robert Yates*
 Printed Name: ROBERT J. YATES

Area Code: 814 Daytime Telephone Number: 449-9750

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

____ day of _____ 20____

Signature

My Commission expires _____ MO. DAY YR.

Signature of Candidate

Printed Name

Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	630
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	250.00
All Other Contributions (Part B)		\$	2825.00
Total for the reporting period	(2)	\$	3075.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0.00
All Other Contributions (Part D)		\$	1700.00
Total for the reporting period	(3)	\$	1700.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0.00
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	5405.00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number												
Amount												
Full Name of Contributing Committee				COMMITTEE TO ELECT ART OLIGERI				Date [MM/DD/YYYY]	\$	150.00		
								9/18/17				
House #	5447		Street Address		BONDY DRIVE				Date [MM/DD/YYYY]	\$		
City	ERIE			State	PA		Zip Code	16509	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee				COMMITTEE TO ELECT JOHN HORNAMAN				Date [MM/DD/YYYY]	\$	100.00		
								9/18/17				
House #	4837		Street Address		SUMMER STREET				Date [MM/DD/YYYY]	\$		
City	ERIE			State	PA		Zip Code	16509	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$			
House #			Street Address						Date [MM/DD/YYYY]	\$		
City				State			Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$			
House #			Street Address						Date [MM/DD/YYYY]	\$		
City				State			Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$			
House #			Street Address						Date [MM/DD/YYYY]	\$		
City				State			Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$			
House #			Street Address						Date [MM/DD/YYYY]	\$		
City				State			Zip Code		Date [MM/DD/YYYY]	\$		

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:									
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Full Name of Contributor						Date [MM/DD/YYYY]		\$	150.00	
EDWIN SMITH						08/23/17				
House #	5274	Street Address				Date [MM/DD/YYYY]		\$		
		WEST 53RD STREET								
City	FAIRVIEW				State	PA	Zip Code	16415	Date [MM/DD/YYYY]	\$
Full Name of Contributor						Date [MM/DD/YYYY]		\$	200.00	
THOMAS HUTZELMAN						08/23/17				
House #	3226	Street Address				Date [MM/DD/YYYY]		\$		
		RUSTIC LANE								
City	ERIE				State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$
Full Name of Contributor						Date [MM/DD/YYYY]		\$	200.00	
ROBERT YETES						8/24/17				
House #	1320	Street Address				Date [MM/DD/YYYY]		\$		
		CHELSEA AVE								
City	ERIE				State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$
Full Name of Contributor						Date [MM/DD/YYYY]		\$	100.00	
WILLIAM MAKAROWSKI						6/24/17				
House #	5075	Street Address				Date [MM/DD/YYYY]		\$		
		TRAMALAC LN								
City	ERIE				State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$
Full Name of Contributor						Date [MM/DD/YYYY]		\$	150.00	
MARY DUVAL						9/18/17				
House #	3220	Street Address				Date [MM/DD/YYYY]		\$		
		GEORGIAN CT								
City	ERIE				State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$
Full Name of Contributor						Date [MM/DD/YYYY]		\$	200.00	
EDWARD GOEBEL JR						9/18/17				
House #	3226	Street Address				Date [MM/DD/YYYY]		\$		
		GEORGIAN CT								
City	ERIE				State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from

\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
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Full Name of Contributor		EDWIN SMITH				Date [MM/DD/YYYY]	\$	200.00
						09/18/17		
House #	5274	Street Address		WEST 53RD STREET		Date [MM/DD/YYYY]	\$	
City	FAIRVIEW	State	PA	Zip Code	16415	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		JEFFREY PLYLER				Date [MM/DD/YYYY]	\$	200.00
						09//18/17		
House #	8850	Street Address		FRY RD		Date [MM/DD/YYYY]	\$	
City	MCKEAN	State	PA	Zip Code	16426	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		NED CARLSON				Date [MM/DD/YYYY]	\$	200.00
						09/18/17		
House #	3273	Street Address		GEORGIAN CT		Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		MARNIE MARYANN HUBBELL EVANOFF-MCGEORGE				Date [MM/DD/YYYY]	\$	150.00
						09/18/17		
House #	420	Street Address		SANDSTONE CT		Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		FRANCES HUBER				Date [MM/DD/YYYY]	\$	200.00
						9/18/17		
House #	16033	Street Address		HARMONSBURG ROAD		Date [MM/DD/YYYY]	\$	
City	MEADVILLE	State	PA	Zip Code	16335	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		MARY SCHAAF				Date [MM/DD/YYYY]	\$	150.00
						9/18/17		
House #	5109	Street Address		WATSON ROAD		Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$	

PART B

All Other Contributions**\$50.01 TO \$250**

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:									
Full Name of Contributor		MARY WHIPPLE				Date [MM/DD/YYYY]		\$	100.00
						10/3/17			
House #	3932	Street Address		VENICE DR		Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16506	Date [MM/DD/YYYY]		\$	
Full Name of Contributor		GERALD RHONE				Date [MM/DD/YYYY]		\$	200.00
						10/3/17			
House #	5121	Street Address		FERNDAL PLACE		Date [MM/DD/YYYY]		\$	
City	FAIRVIEW	State	PA	Zip Code	16415	Date [MM/DD/YYYY]		\$	
Full Name of Contributor		LINDA HAVRILLA				Date [MM/DD/YYYY]		\$	75.00
						10/3/17			
House #	6550	Street Address		FAIROAKS CIRCLE		Date [MM/DD/YYYY]		\$	
City	FAIRVIEW	State	PA	Zip Code	16415	Date [MM/DD/YYYY]		\$	
Full Name of Contributor		DEANNA KLIEN				Date [MM/DD/YYYY]		\$	150.00
						10/3/17			
House #	3282	Street Address		GEORGIAN COURT		Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16506	Date [MM/DD/YYYY]		\$	
Full Name of Contributor		DOUGALD CURRIE				Date [MM/DD/YYYY]		\$	200.00
						10/3/17			
House #	5234	Street Address		WOLF RUN VILLAGE LANE		Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16505	Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:

Full Name of
Contributing Committee

Date [MM/DD/YYYY]

\$

House #

Street Address

Date [MM/DD/YYYY]

\$

City

State

Zip Code

Date [MM/DD/YYYY]

\$

Full Name of
Contributing Committee

Date [MM/DD/YYYY]

\$

House #

Street Address

Date [MM/DD/YYYY]

\$

City

State

Zip Code

Date [MM/DD/YYYY]

\$

Full Name of
Contributing Committee

Date [MM/DD/YYYY]

\$

House #

Street Address

Date [MM/DD/YYYY]

\$

City

State

Zip Code

Date [MM/DD/YYYY]

\$

Full Name of
Contributing Committee

Date [MM/DD/YYYY]

\$

House #

Street Address

Date [MM/DD/YYYY]

\$

City

State

Zip Code

Date [MM/DD/YYYY]

\$

Full Name of
Contributing Committee

Date [MM/DD/YYYY]

\$

House #

Street Address

Date [MM/DD/YYYY]

\$

City

State

Zip Code

Date [MM/DD/YYYY]

\$

Full Name of
Contributing Committee

Date [MM/DD/YYYY]

\$

House #

Street Address

Date [MM/DD/YYYY]

\$

City

State

Zip Code

Date [MM/DD/YYYY]

\$

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:

Full Name of Contributor		RICK GRIFFITH			Date [MM/DD/YYYY]	\$	500.00
					7/12/17		
House #	2955	Street Address		WEST 17TH STREET		Date [MM/DD/YYYY]	\$
City	ERIE	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$
Employer Name		RICK GRIFFITH PROPERTIES			Occupation	OWNER	
Employer Mailing Address / Principal Place of Business		2955 W 17TH STREET, ERIE, PA 16506					
Full Name of Contributor		JAMES A CURRIE JR			Date [MM/DD/YYYY]	\$	300.00
					9/18/17		
House #	13981	Street Address		N ALYSSUM WAY		Date [MM/DD/YYYY]	\$
City	ORO VALLEY	State	AZ	Zip Code	85755	Date [MM/DD/YYYY]	\$
Employer Name		RETIRED			Occupation	RETIRED	
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		WILLIAM MAKAROWSKI			Date [MM/DD/YYYY]	\$	400.00
					9/18/17		
House #	5075	Street Address		TRAMALAC LN		Date [MM/DD/YYYY]	\$
City	ERIE	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$
Employer Name		RETIRED			Occupation	RETIRED	
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		PAUL MANGO			Date [MM/DD/YYYY]	\$	500.00
					10/3/17		
House #	116	Street Address		SNOWBERRY LN		Date [MM/DD/YYYY]	\$
City	GIBSONIA	State	PA	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name		UNEMPLOYED			Occupation	POLITICAL CANDIDATE	
Employer Mailing Address / Principal Place of Business							

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	
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Full Name											
House #		Street Address									
City			State		Zip Code		Date [MM/DD/YYYY]		\$		
Receipt Description											
Full Name											
House #		Street Address									
City			State		Zip Code		Date [MM/DD/YYYY]		\$		
Receipt Description											
Full Name											
House #		Street Address									
City			State		Zip Code		Date [MM/DD/YYYY]		\$		
Receipt Description											
Full Name											
House #		Street Address									
City			State		Zip Code		Date [MM/DD/YYYY]		\$		
Receipt Description											
Full Name											
House #		Street Address									
City			State		Zip Code		Date [MM/DD/YYYY]		\$		
Receipt Description											
Full Name											
House #		Street Address									
City			State		Zip Code		Date [MM/DD/YYYY]		\$		
Receipt Description											

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE**

Filer Identification Number:

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period

(1)

\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period

(2)

\$

51.31

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period

(3)

\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)

\$

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		DESANTIS SIGNS				Date [MM/DD/YYYY]	\$	1229.60
						9/21/17		
House #	540	Street Address	W 18TH ST			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16502	CAMPAIGN SIGNS		
To Whom Paid		BILL MARKOWSKI				Date [MM/DD/YYYY]	\$	70.00
						9/1/17		
House #	5075	Street Address	TRAMARLAC LN			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16505	MCDOWELL FOOTBALL TICKETS		
To Whom Paid		BILL MARKOWSKI				Date [MM/DD/YYYY]	\$	29.48
						10/6/17		
House #	5075	Street Address	TRAMARLAC LN			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16505	CANDY FOR TRAIL OF TREATS		
To Whom Paid		FRIENDS OF JOHN PERSINGER				Date [MM/DD/YYYY]	\$	300.00
						10/6/17		
House #		Street Address	PO BOX 1981			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16512	CAMPAIGN CONTRIBUTION		
To Whom Paid		COPYRIGHT PRINTING				Date [MM/DD/YYYY]	\$	193.41
						9/22/17		
House #	2827	Street Address	W 26TH ST			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16506	CAMPAIGN CARDS		
To Whom Paid		COMMITTEE TO ELECT ART OLIGERI				Date [MM/DD/YYYY]	\$	300.00
						10/6/17		
House #	5447	Street Address	BONDY DR			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16509	CAMPAIGN CONTRIBUTION		
To Whom Paid		COMMITTEE TO ELECT JIM BOCK				Date [MM/DD/YYYY]	\$	150.00
						10/6/17		
House #	1000	Street Address	MARIANNA			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16509	CAMPAIGN CONTRIBUTION		
To Whom Paid		LAMAR ADVERTISING				Date [MM/DD/YYYY]	\$	150.00
House #	1565	Street Address	W 12TH ST			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	BILLBOARD		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:									
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To Whom Paid		DESANTIS SIGNS				Date [MM/DD/YYYY]		\$ 303.69	
						6/24/17			
House #	540	Street Address	W 18TH ST			Description of Expenditure			
City	ERIE	State	PA			Zip Code	16502 CAMPAIGN SIGNS		

To Whom Paid		LAKE SHORE FD				Date [MM/DD/YYYY]		\$ 150.00	
						7/28/17			
House #	5310	Street Address	W LAKE ROAD			Description of Expenditure			
City	ERIE	State	PA			Zip Code	16505 FUNRAISER RENTAL		

To Whom Paid		TERESAS DELI				Date [MM/DD/YYYY]		\$ 100.00	
						7/28/17			
House #	5360	Street Address	W LAKE RD			Description of Expenditure			
City	ERIE	State	PA			Zip Code	16506 CATERING FOR FUNDRAISER		

To Whom Paid		FIRST AMENDMENT TEES				Date [MM/DD/YYYY]		\$ 270.20	
						8/23/17			
House #	1507	Street Address	STATE STREET			Description of Expenditure			
City	ERIE	State	PA			Zip Code	16501 CAMPAIGN SHIRTS		

To Whom Paid		COPYRIGHT PRINTING				Date [MM/DD/YYYY]		\$ 44.55	
						8/23/17			
House #	2827	Street Address	W 26TH ST			Description of Expenditure			
City	ERIE	State	PA			Zip Code	16506 INVITATION CARDS		

To Whom Paid		ROBERT YATES				Date [MM/DD/YYYY]		\$ 150.00	
						8/23/17			
House #	1320	Street Address	CHELSEA AVE			Description of Expenditure			
City	ERIE	State	PA			Zip Code	16505 MISC FINDRAISER EXPESE		

To Whom Paid		USPS				Date [MM/DD/YYYY]		\$ 98.00	
						9/1/17			
House #		Street Address	LEGION ROAD			Description of Expenditure			
City	ERIE	State	PA			Zip Code	16506 POSTAGE		

To Whom Paid		LAMAR ADVERTISING				Date [MM/DD/YYYY]		\$ 1077.00	
House #	1565	Street Address	W 12TH ST			Description of Expenditure			
City	ERIE	State	PA			Zip Code	16501 BILLBOARD		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		TRI-STATE SENIOR NEWS				Date [MM/DD/YYYY]		\$ 270.00		
		10/6/17								
House #	Street Address		PO BOX 3056			Description of Expenditure				
City	ERIE		State	PA		Zip Code	16508			CAMPAIGN ADVERTISEMENT

To Whom Paid						Date [MM/DD/YYYY]		\$	
House #	Street Address					Description of Expenditure			
City			State			Zip Code			

To Whom Paid						Date [MM/DD/YYYY]		\$	
House #	Street Address					Description of Expenditure			
City			State			Zip Code			

To Whom Paid						Date [MM/DD/YYYY]		\$	
House #	Street Address					Description of Expenditure			
City			State			Zip Code			

To Whom Paid						Date [MM/DD/YYYY]		\$	
House #	Street Address					Description of Expenditure			
City			State			Zip Code			

To Whom Paid						Date [MM/DD/YYYY]		\$	
House #	Street Address					Description of Expenditure			
City			State			Zip Code			

To Whom Paid						Date [MM/DD/YYYY]		\$	
House #	Street Address					Description of Expenditure			
City			State			Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
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Name of Creditor							Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]			\$	
City		State	Zip Code					
Description of Debt								
Name of Creditor							Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]			\$	
City		State	Zip Code					
Description of Debt								
Name of Creditor							Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]			\$	
City		State	Zip Code					
Description of Debt								
Name of Creditor							Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]			\$	
City		State	Zip Code					
Description of Debt								
Name of Creditor							Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]			\$	
City		State	Zip Code					
Description of Debt								